

Flag Request Form

Your Name: _____

Today's Date: _____

Your Full Mailing Address: _____

Your Phone: _____

Flag is to be flown for: (Name of person, school, etc.)

Occasion: _____

Date flag is to be flown over Capitol: _____

(Flags can be flown on Monday through Friday only, weather permitting. Due to postal delays, please mail request 4-6 weeks in advance).

Mail this flag to: _____

Number and type of flags desired

Cotton (\$17.30)	Nylon (\$17.05)
3' X 5' _____	_____

(Not available in cotton)	Nylon (\$21.55)
4' X 6' _____	_____

Cotton (\$28.05)	Nylon (\$26.05)
5' x 8' _____	_____

Total amount: _____

MAIL THIS FORM, ALONG WITH A CHECK OR MONEY ORDER MADE OUT TO
"KEEPER OF THE STATIONARY", TO;

Office of Senator Jim Talent
ATTN: FLAGS
517 Hart Senate Office Building
Washington, D.C. 20510

If you have any questions, please call our office at (202) 224-6154